1340835

FORM D

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OC 1 0 3 2005

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

GALES INDUSTRIES, INCORPORATED

Name of Issuer: (check if this is an amendment and name has changed, and indicate change.)

Enter the information requested about the issuer.

CALEC DIDUCTRIES DICORDODATED

| Filing Under (Check bo | exes that apply): | □ Rule 504 | □ Rule 505 | Rule 506 | □ Section 4(6) | □ ULOE′ | | | |
|-----------------------------|-------------------|-------------|------------|----------|----------------|---------|--|--|--|
| Type of Filing: | New Filing | ☐ Amendment | | | | | | | |
| A BASIC IDENTIFICATION DATA | | | | | | | | | |

| OALES INDUSTRIES, INCORPORATED | | |
|------------------------------------------------|--------------------------------------------|----------------------------------|
| Address of Executive Office | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area |
| 333 East 66th Street, 9th Floor, New York, New | v York 10021 | Code) (212) 249-2617 |

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area 333 East 66th Street, 9th Floor, New York, New York 10021 Code) (212) 249 -2617

Brief Description of Business

The Company is in the business of manufacturing aircraft structural parts

| Type of Business Organization | | | | |
|---------------------------------|---------------------------------------|--------------------------|-----------|----------|
| | ☐ limited partnership, already formed | □ other (please specify) | THOMSON | , |
| □ business trust | □ limited partnership, to be formed | | FINANCIAL | <u>/</u> |
| Actual or Estimated Data of Inc | ornaration or Organization: Mant | h Voor | | |

Actual or Estimated Date of Incorporation or Organization:

Month Year

10 04

Actual

Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

DE

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- A. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each gene | ral and manag | ng partner of partnership | issuers. | | |
|--------------------------------------------------------------------------------------|----------------|---------------------------|---------------------|------------|--------------------------------------|
| Check Box(es) that Apply: | □ Promoter | Beneficial Owner | | □ Director | □ General and/or Managing Partner |
| Full Name (Last name first, GALES, MICHAEL A. | if individual) | | | | |
| Business or Residence Addr 333 East 66th Street, 9th Floor | | | Code) | | |
| Check Box(es) that Apply: | □ Promoter | Beneficial Owner | | ☑ Director | □ General and/or Managing Partner |
| Full Name (Last name first, GIUSTO, LOUIS | if individual) | | | | |
| Business or Residence Addr 333 East 66th Street, 9th Floor | | | o Code) | | |
| Check Box(es) that Apply: | □ Promoter | □ Beneficial Owner | | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, RETTALIATA, PETER | if individual) | | | | |
| Business or Residence Addr 333 East 66 th Street, 9 th Floo | | | Code) | | |
| Check Box(es) that Apply: | □ Promoter | □ Beneficial Owner | Executive Officer | □ Director | □ General and/or Managing Partner |
| Full Name (Last name first, PERGALLO, DARIO | if individual) | | | | |
| Business or Residence Addr 333 East 66th Street, 9th Floo | | | Code) | | |
| Check Box(es) that Apply: | □ Promoter | □ Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, NAGLER, STEPHEN M. | if individual) | | | | |
| Business or Residence Addr 333 East 66th Street, 9th Floo | | | Code) | | |
| Check Box(es) that Apply: | □ Promoter | □ Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, SIEGEL, SEYMOUR G. | if individual) | | | | |
| Business or Residence Adda 333 East 66th Street, 9th Floo | | | Code) | | |
| Check Box(es) that Apply: | □ Promoter | □ Beneficial Owner | ☐ Executive Officer | □ Director | □ General and/or Managing Partner |
| Full Name (Last name first, SCHAUM, ROUNSEVELI | | | | | |
| Business or Residence Addr 333 East 66th Street, 9th Floo | | | p Code) | | |

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A. BASIC IDENTIFICATION DATA

- A. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| | al and managing partner of partnershi | | - 73' | |
|------------------------------------------|--------------------------------------------------------------------|---------------------|-----------------------------------------------|--------------------------------------|
| Check Box(es) that Apply: | □ Promoter □ Beneficial Owner | □ Executive Officer | □ Director | □ General and/or Managing Partner |
| Full Name (Last name first, HUNT, IRA A. | if individual) | | | |
| | ess (Number and Street, City, State, Z New York, New York 10021 | (ip Code) | | |
| Check Box(es) that Apply: | □ Promoter □ Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | |
| Business or Residence Addr | ess (Number and Street, City, State, Z | Cip Code) | | |
| Check Box(es) that Apply: | □ Promoter □ Beneficial Owner | ☐ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | |
| Business or Residence Addr | ess (Number and Street, City, State, Z | Zip Code) | - | |
| Check Box(es) that Apply: | □ Promoter □ Beneficial Owner | □ Executive Officer | □ Director | □ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | |
| Business or Residence Addr | ess (Number and Street, City, State, Z | Zip Code) | , <u>, , , , , , , , , , , , , , , , , , </u> | |
| Check Box(es) that Apply: | □ Promoter □ Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | |
| Business or Residence Addr | ess (Number and Street, City, State, Z | Zip Code) | | |
| Check Box(es) that Apply: | □ Promoter □ Beneficial Owner | □ Executive Officer | □ Director | □ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | <u> </u> |
| Business or Residence Addr | ess (Number and Street, City, State, Z | Zip Code) | | |
| Check Box(es) that Apply: | □ Promoter □ Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | |
| Business or Residence Addr | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, if necessary)

| | | | | | B. | INFOR | MATIO | N ABOU | T OFFE | RING | | | | |
|---------|------------------------------|-------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------|----------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------|------------------------------|------------------------------------------------------------------------|-----------------|
| 1. | Has the | e issuer s | old, or do | | | | | | | | | ? | | |
| 2. | What i | s the min | imum in | | | | | nn 2, if fi n any indi | | | | | | . \$100,00 0 |
| 3. | Does to | he offerir | ng permit | t joint ow | nership (| of a singl | e unit? | | | | | | | Yes No |
| 4. | a perso states, broker | ssion or a on to be li list the na or dealer | similar re sted is an ame of the you ma | emunerat n associa ne broker ny set fort | ion for so ted perso or dealer | olicitation on or agen r. If mor | n of purc nt of a br e than fiv | hasers in oker or d /e (5) per | connecti ealer regi sons to b | on with s stered w e listed a | ales of so ith the SI | EC and/o | ctly, any in this offering. I r with a state or ons of such a | Ø □ f |
| Full Na | | t name fi IALLEN | | | C. | | | | | | | | | |
| Busine | | idence A | ddress (1 | | and Stree | | | | | | <u> </u> | | | |
| Name | of Assoc | iated Bro | ker or De | ealer | * | | | | | | <u> </u> | · <u> </u> | | |
| | | Person I | | | | ends to S | olicit Pur | chasers | | | - | | 🛭 | All States |
| (0• | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Full Na | | t name fi | | | [IZI] | [01] | [7 1] | [721] | [1721] | [* , | [44.1] | ["1] | [110] | |
| | | sidence A | | | and Stree | t, City, S | tate, Zip | Code) | | | | | | |
| Name | of Assoc | iated Bro | ker or De | ealer | | | | | | | | | | |
| | | Person I | | | | | | | ,,,,,, | | | | | All States |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [NV] [SD] | [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Full Na | ame (Las | t name fi | rst, if ind | lividual) | | | | | | | | | | |
| Busine | ss or Res | sidence A | ddress (1 | Number a | and Stree | t, City, S | tate, Zip | Code) | | | | | | |
| Name | of Assoc | iated Bro | ker or De | ealer | | | | | | | | | | |
| | | Person I | | | | ends to S | olicit Pui | chasers | | | | | | All States |
| • | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] ISC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| Γ. | Enter the aggregate offering price of securities included in this offering and the sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange box \(\square\) and indicate the columns below the amounts of the securities offered for exchanged. | total amount al offering, check exchange and a | ready this Ilready |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount e Already Sold |
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ | |
| | Other (Specify SEE EXHIBIT A) | \$_8,000,000 | |
| | Total | \$ 8,000,000 | \$ |
| 2. | Enter the number of accredited and non-accredited investors who have purchase offering and the aggregate dollar amounts of their purchases. For offering under the number of persons who have purchased securities and the aggregate dollar a purchases on the total lines. Enter "0" if answer is "none" or "zero." | ed securities in or Rule 504, ind amount of their | this icate |
| | Rule 506 Offering | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | \$ |
| | Non-Accredited | 0 | \$0 |
| | Total (for filings under Rule 504 only) | | \$ |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requisold by the issuer, to date, in offerings of the types indicated, in the twelve (12) first sale of securities in this offering. Classify securities by type listed in Part C | nested for all second to the contract of the c | curities the |
| | Not Applicable | T | Deller |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4.a. | Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Exclude amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of the known, furnish an estimate and check the box to the left of the estimate. | e issuer. The | |
| | Transfer Agent's Fees | | \$ <u>0</u> |
| | Printing and Engraving Costs | 🛭 | \$ <u>5,000</u> |
| | Legal Fees | 🛭 | \$ <u>404,000</u> |
| | Accounting Fees | 🛭 | \$ <u>10.000</u> |
| | Engineering Fees | | \$ <u>0</u> |
| | Sales Commissions and Management Fee (specify finders' fees separately) | 🛭 | \$800,000 |
| | Other Expenses (identify) Nonaccountable expense allowance (2%) | | \$ <u>160,000</u> |
| | Total | | \$ 1,379,000 |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 4.b. | Enter the difference between the aggregat Question 1 and total expenses furnished is ference is the "adjusted gross proceeds to | n response to Part C - Oue | estion 4. | a. This dif- | | \$_6,621,000 | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------|-------------------------------------------------------|-------------|-----------------------|--------|
| 5. | Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box to payments listed must equal the adjusted gresponse to Part C - Question 4.b above. | If the amount for any puther left of the estimate. The | urpose i ne total | s not know, of the | | | |
| | | | | Payments to Officers, Directors & Affiliates | | Payments to Others | |
| | Salaries and fees | | | \$ | _ 🗆 | \$ | - |
| | Purchase of real estate | | | \$ | _ 🗆 | \$ | |
| | Purchase, rental or leasing and installati and equipment | on of machinery | | \$ | | \$ | _ |
| | Construction or leasing of plant building | gs and facilities | | \$ | _ 🗆 | \$ | |
| | Acquisition of other businesses (includi securities involved in this offering that if for the assets or securities of another iss merger) | may be used in exchange uer pursuant to a | | \$ | | \$ | |
| | Repayment of indebtedness | | | \$ | | \$ | • |
| | Working capital | | | \$ | | \$ | |
| | Other (specify): <u>SEE EXHIBIT B ATT</u> | ACHED | | | | | |
| | | | | \$ | _ 0 | \$ | |
| | Column Totals | | | \$ | | \$ | |
| | Total Payments Listed (column totals ac | lded) | | | ⊠ | \$ <u>6,621.000*</u> | |
| | *Assumes maximum offering | | | | | | |
| | | D. FEDERAL SIG | NI A TT ID |) C | | | |
| | | D, FEDERAL SIG | NATUN | | | | |
| follow | suer has duly caused this notice to be signed ring signature constitutes an undertaking by it of its staff, the information furnished by the | the issuer to furnish to the | e U.S. S | ecurities and Ex | change Co | mmission, upon w | ritten |
| Issu GUI | er (Print or Type) NN ALLEN HOLDINGS INC. | signature | | Da | te Septe | ember <u>2</u> \$2005 | |
| Nam | e of Signer (Print or Type) | Fitle of Signer (Print or Ty | rpe) | | | | |
| | | Executive Chairman | | | | | |
| <u> </u> | | | | | | | |
| | | ATTENTIO | | | | | |
| 1 | Intentional misstatements or omi | ssions of fact constitute | federal | criminal violat | ions. (See | 18 U.S.C. 1001) | |

| | F. STATE SIGNATURE | | |
|----|----------------------------------------------------------------------------------------------|---|----|
| 1. | Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the | | No |
| | disqualification provisions of such rule? | 🗆 | ⋈ |
| | See Appendix, Column 5, for state response. | | |

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) GALES INDUSTRIES, INCORPORATED | Signature | Date September 32005 |
|-------------------------------------------------------|----------------------------------------------------|----------------------|
| Name (Print or Type) Michael A. Gales | Title of Signer (Print or Type) Executive Chairman | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear the type or printed signatures.

| APPENDIX | | | | | | | | | |
|----------|----------------------------------|----------|-------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|----------------------------------------------|----------------|----------------------------------------------------------------------------------------------------|----|
| 1 | Intend t non-acc investors | credited | 3 Type of Security and aggregate offering price offered in State (Part C-Item 1) | Type of inv | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | UNITS (See Exhibit A) | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | | | | | |
| CA | | | | | | | | | |
| CO | | | | | | | | | |
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| MN | | | | | | | | | |
| MS | | | | | | | | | |
| MO | | | <u> </u> | | | 1 | - · <u>-</u> - | | |

| | | | | APPI | ENDIX | | · · · · · · · · · · · · · · · · · · · | | |
|-------|----------------------------------|----------|----------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------|----|
| 1 | Intend t non-acc investors | credited | 3 Type of Security and aggregate offering price offered in State (Part C-Item 1) | Type of inv | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | UNITS (See Exhibit A) | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
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EXHIBIT A

DESCRIPTION OF SECURITIES

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Gales Industries Incorporated, a Delaware corporation (the "Company", "Gales" or "we"), is offering for sale in a private placement offering (the "Offering"), a minimum of 65 Units (gross proceeds of \$6,500,000; sometimes referred to as the "Minimum Offering") and a maximum of 80 Units (gross proceeds of \$8,000,000; sometimes referred to as the "Maximum Offering"), each Unit consisting of 10 shares of the Company's Series A Convertible Preferred Stock, par value \$.0001 per share ("Preferred Stock"). The Maximum Offering may be increased by up to 10 Units (\$1,000,000) to cover any over-subscriptions (the "Over-Allotment Option").

The Preferred Stock will bear a dividend of 8% per annum payable in kind until such time as the Preferred Stock is converted into common stock; provided that if the Company fails to timely file (as described elsewhere in this Memorandum) or process to effectiveness a registration statement for the resale of the common stock issuable upon conversion of the Preferred Stock, the 8% per annum dividend will be payable in cash. Subject to adjustment as more fully described herein, each share of Preferred Stock is convertible at the option of the holder into 45,455 shares of the Company's common stock ("Common Stock") and is subject to mandatory conversion upon registration for sale under the Securities Act of the Common Stock underlying the Preferred Stock.

The Offering is intended to be exempt from registration under the Securities Act and is intended to comply with Regulation D promulgated by the SEC. The Offering is being made solely to "accredited investors" as defined in Regulation D. The minimum investment is \$100,000 (one Unit) but the Company and the Placement Agent may accept lesser investments at their discretion. The Company has retained GunnAllen Financial, Inc. as its exclusive placement agent (the "Placement Agent") for the Offering.

EXHIBIT B USE OF PROCEEDS

The net proceeds from the Offering are estimated to be approximately \$5,301,000 in the case of the Minimum Offering and \$6,621,000 in the case of the Maximum Offering, after deducting the Placement Agent's 10% commission and 2% non-accountable expense allowance and all other expenses (estimated at \$419,000) of the Offering. The net proceeds of this Offering will be used to pay the cash portion of the consideration for an Acquisition and other amounts due the shareholders of the target company pursuant to the Acquisition Agreement, to pay a portion of the fees and expenses incurred in connection with the closing transactions and for working capital purposes, including, if demanded, repayment of certain bridge notes.